

# CA DEPT. OF HOUSING & COMMUNITY DEVELOPMENT CODES & STANDARDS DIVISION

MANUFACTURED HOUSING PROGRAM
MONTHLY REPORTING REQUIREMENTS

### HCD - MH 473

### HCD – MH 473 Quality Assurance Agency Information:

NOTE: All Monthly Reports are due (postmarked) to the Department by the fifteenth of each month.

- The HCD 473 form is required to be sent to HCD every month. It is a general overview displaying all QAA's manufacturers currently under contract in that reporting month.
- The 473 form displays a summary of the mfg's CA production, inspection activity and insignia issuance performed by the mfg & QAA.
- The 473 form is sent to HCD in conjunction with the HCD 441, 442 forms which detail each mfg's production for each unit type. (CM, SPCM, MUMH, FBH)
- If there has been no activity or no production by one of your client manufacturers, enter each mfg's name and write "No inspection/insignia issued this month" on the HCD-473 form adjacent to the mfg's name.
- See 25CCR Chapter 3, Section 4880 for more details.

### HCD – MH 473 FORM

SECTION I - QUALITY ASSURANCE AGENCY  Quality Assurance Agency:  Address:  Reporting Math/Cear CA manufacturers und  Info has not produced any CA  SECTION AS NOTIVITY AND	INFORMATION	Mobile hei	ane, Cammerci	(Part II)			Coach		Page	1 of	
SECTION II - INSPECTION ACTIVITY AND	INSIGNIA ISSU	ANCE	SUMMAKI								11 - 19 1 -
Manufacturer's Name	Manufacturer's I. D. Number	Type Unit 1	Total Inspections	Total Units Inspected	Total Units Reinsp.	Total CA Units Produced	% of CA Units Inspected	Total Insignia Issued	Total Insignia Assigned	Total Insignia Unassigned	Ouality Control Program   Acceptable 2   Yes   No
+			ii —								
	+//								11 20		
				İ							
Obtain ID # from MI	1			н 5							
Program staff	ap 2 va				Progr						
9 7				accep	otable,	Pleas	se /				
Make sure the				expla	in reas	son in	space	е		4 75	
manufacturer's ID				provi	ded or	HCD	– MH	1			
number is current &				442 c	r 441	form					
accurate.				comp	leted t	or tha	t mfg				
1 Toro Init. Miles	lobitehame, CC=Cammerc	al Con	h DI/Dayron*	ional Vohicle	SDCC=Smoial	Duranco Carre	caial Coach			44.5	
	iobitenome, cu≕commerc mality Assurance Agenc				77.	0.00		CD-MH 442/44	28 and Third	-Party Inspe	ection Reports.

### HCD – MH 473 FORM, CONTINUED

_	SECTION II (Continued)								Pa	age	of		
	Manufacturer's Name	Manufacturer's   I. D. Number	Type   Unit   1	Total   Inspections	Total Units   Inspected	Total Units   Reinspected	Total CA Units Produced	% of CA   Units   Inspected	Total Insignia Issued	Total   Insignia   Assigned	Total Insignia Unassigno	Prog	/ Control   gram   table 2
-/-													
	Total <u>HCD</u>												La C
	inspections		137										
	performed during												
	month by QAA staff						= , , , , ,				+		
	en la			HCD in				/		II HCE		~	
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	And the second of the second s			ne repo	orting					ntory			
		mont	h				/			gned			to
		E E LE MUEU TE LE		То	tal HC	D insig	ınia <i>at</i>	fixed	any	partic	ular	unit	
7				to	a parti	cular u	nit(s).	This					× -
	This is a person identif	1			al shal								
	QAA application as res		tor	in t	the HO	D 441	/442 f	orms				1 - 5	
	reviewing and verificati									7 1 7			
	information in the repol		cer										
	of agency	GRAND TOTAL		0 1 01					THE LAN		77-1		
	SECTION III - CERTIFICATION		2 12										
	I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAIN	IED IN THIS REPORT AND	) THAT (	CONTAINED IN AN	√Y AND ALL ATTA	CHMENTS TO THI	S REPORT IS T	FRUE AND CORR	ECT TO THE B	EST OF MY KN	owledge an	D BELIEF.	
	(Signature)					(Print)		Title _			Dat	:e	
9/29		-			-		-						

1. Type Unit: MH=Mobilehome, CC=Commercial Coach, RV=Recreational Vehicle, SPCC=Special Purpose Commercial Coach

2. Refer to the Quality Assurance Agency Monthly Inspection and Insignia Issuance Summary HCD-MH 441/4418 and/or HCD-MH 442/4428 and Third-Party Inspection Reports.

### HCD – MH 442 FORM FOR COMMERCIAL MODULAR UNITS ONLY

- The 442 form tracks all required inspection activities & insignia issuance performed by QAA staff during the reporting month.
- Any time inspections or insignia are issued to an HCD unit, this form must be completed, in conjunction with the HCD-473 form.
- Upon completion of all inspection visits to your client mfg during the reporting month, all inspection data needs to be entered into the 442 form
- If a client manufacturer has not produced any CM units for CA sale, and has not received an inspection for compliance to HCD laws/regulations, this form is **not** required to be submitted to HCD for that manufacturer. (The 473 form, however, is required to be issued each month to HCD, listing all CA manufacturers)
- Remember to notify HCD within 10 days of any termination of manufactures' services, or of any new client manufacturer that the QAA provides services.



#### DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS

P. O. BOX 31, SACRAMENTO, CA 95812-0031 (916) 445-3338

QUALITY ASSURANCE AGENCY MONTHLY INSPECTION AND INSIGNIA ISSUANCE SUMMARY for

Commercial Coach (Part I)

ALITY ASSURANCE AGENCY NO.:	REPORTING MO./YEAR:	REPORTING MO./YEAR:			
ACORESS:		TELEPHONE: ( )			
MANUFACTURER:		MFG. ID NO.:			
PLANT ADDRESS:		TELEPHONE: ( )			
SECTION 2 - INSPECTION SUMMARY					
Number of Inspections Conducted (Include Reinspections)	7.	Number of Tests Witnessed:			
2. Inspection Dates:	8.	Types of Tests Witnessed:			
		Gas Piping System - Low Press	re Date:		
		Gas Piping System - 3 lb.	Date:		
3. Number of Units Inspected:		Dielectric - 12 Volt System	Date:		
4. Number of Units Held for Reinspection:		Dielectric - 120 or 120/240			
5. Number of Units Issued Insignia:		Volt System	Date:		
<ol> <li>Assessment of Quality Assurance Agency Inspection Frequency and Manufacturer's</li> </ol>		Dielectric - 480 Volt System	Date:		
Quality Control Program:  Acceptable Needs Improvement		Polarity	Date:		
(Explain below)		Continuity	Date:		
		Operational	Date:		
		☐Water Piping System	Date:		
		☐ Waste and Vent System	Date:		
	9.	Requests for Plan Reconsideration	Attached:		
		(Identify)			
	-				

### HCD -MH 442 FORM

25CCR 4880(i)

- Fill top block with all information as requested. Make sure the mfg. ID # is current. If not sure, call the Department
- Enter total # of all CA inspections/reinspections conducted, dates of inspections, in spaces provided in Section 2.
- Section 2, line 6 is space provided to notify the Department of any problems in the mfg facility that may affect the QC function or ability of the mfg to produce units complying with the regulations/law.
- Enter information on tests conducted during inspection visit, line 7 & 8.



### STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS P. O. BOX 31, SACRAMENTO, CA 95812-0031 (916) 445-3338

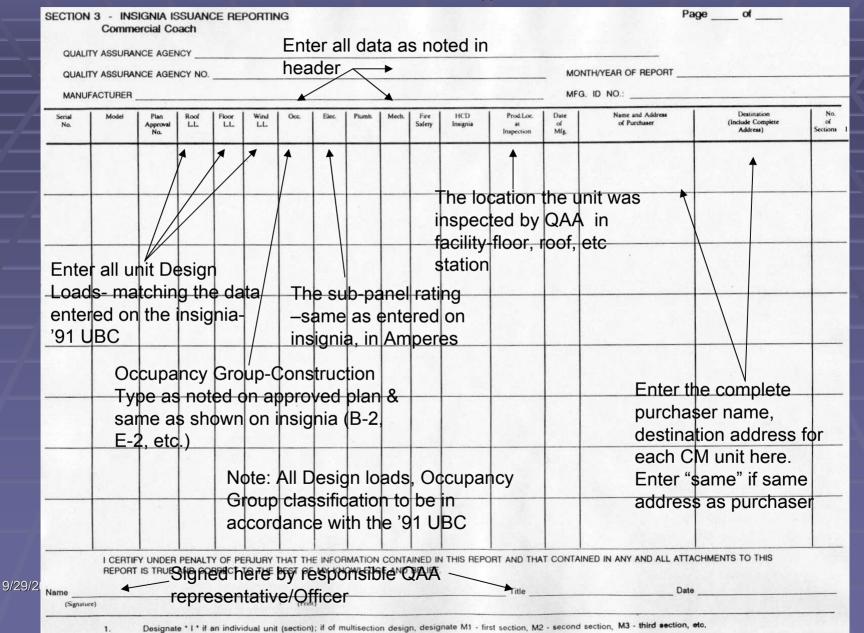
QUALITY ASSURANCE AGENCY
MONTHLY INSPECTION AND INSIGNIA ISSUANCE SUMMARY

for Commercial Coach (Part I)

LITY ASSURANCE AGENCY NO.:		REPORTING MO./YEAR:	
RESS:		TELEPHONE: ( )	
NFACTURER:		MFG. ID NO.:	
INT ACCRESS:		TELEPHONE: ( )	
CCTION 2 - INSPECTION SUMMARY			
Number of Inspections Conducted (Include Reinspections)	7. N	umber of Tests Witnessed:	
Inspection Dates:	8. T	ypes of Tests Witnessed:	
		Gas Piping System - Low Pressure	Date:
		Gas Piping System - 3 lb.	Date:
Number of Units Inspected:		Dielectric - 12 Volt System	Date:
Number of Units Held for Reinspection:		Dielectric - 120 or 120/240 Volt System	Date:
Number of Units Issued Insignia:		Dielectric - 480 Volt System	Date:
Assessment of Quality Assurance Agency Inspection Frequency and Manufacturer's  Quality Gester Program:		Polarity	Date:
Acceptable   Needs Improvement (Explain below)		Continuity	Date:
		Operational	Date:
		Water Piping System	Date:
		Waste and Vent System	Date:
	9. R	equests for Plan Reconsideration A	Attached:
		(Identify)	

### HCD-MH 442 FORM – 2nd page, Section 3

25CCR 4880(i)



### HCD-MH 442 FORM – 2nd page, Section 3 EXAMPLE

QUALI		NCE AGEN			100000000000000000000000000000000000000	Mile His Control	The state of the s	The Committee					мо	NTH/YEAR OF REPORT		
	JFACTURER _				x 11 -,									G. ID NO.:		
Serial No.	Model	Pian Approval No.	Roof LL	Floor L.L.	Wind LL	Occ.	Elec.	Plumb.	Mech.	Fire Safety	HCD Insignia	Prod.Loc. at Inspection	Date of Mig.	Name and Address of Purchaser	Destination (Include Complete Address)	Sec
2701	59B	FP- 286	200		70 mph	B-4	200	n/a	AC I	FS- 200	128699	Frame	6/3/02	Dave's Cell Biz 89 Main St.	179 Hwy 505 Vacaville, CA	
2702	и	ш	í.	u.	u	B-4	150	n/a	"	"	128700	roof	6/9/02	San Diego, CA same	same	
								For "F	Fire S	afety"	use folk	owing ab	breviat	ions: <b>E</b> = #		
			/				9	of exit Syster	ts, FD	=Fire	e Detecto ame Spro	ors, FE =	=Fire Ex	ktinguishing		
	For an unit, us lavator	se abbi	eviation	iφns: Ι	B= ba											

Designate 1 if an individual unit (section); if of multisection design, designate M1 - first section, M2 - second section, M3 - third section, etc.

### HCD-MH 441FORM FOR REPORTING SPCM, FBH, MUMH UNITS ONLY

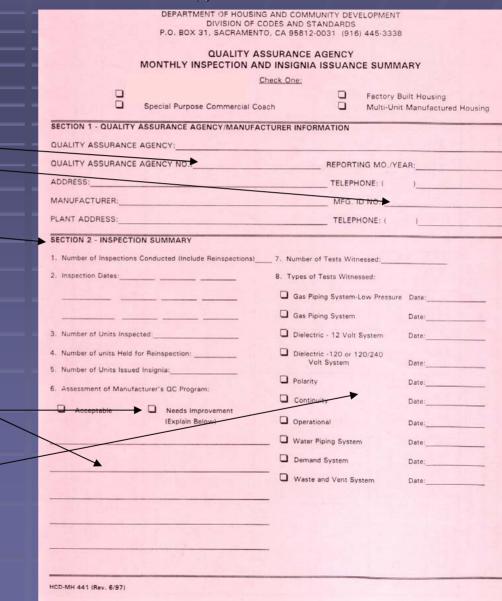
REFER TO 25 CCR SECTION 4880(f)

- The HCD-MH 441 form is used by QAAs in conjunction with the HCD 473 form. While the 473 form displays inspection and/ or insignia activity for all of he QAA's client manufacturers, the 441 form shows the inspection activity for each individual manufacturer.
- If your client manufacturer has produced a SPCM, MUMH, FBH unit bearing HCD insignia, it must be reported on this form.
- Refer to Title 25, Chapter 3, Section 4880(f) for the applicable regulations.
- Section 1 is required to be completed in its entirety, for each client manufacturer that is reporting inspections and/or insignia issuance. –(CA product only.)
- Section 2 may be only partially completed if the QAI was unable to witness all systems testing.
- Section 3 shall be completed in full, detailing your inspection on each unit and of any HCD insignia affixed.
- Factory-built housing dwellings or building components are listed differently on this form. FBH building components (SIP panels) need not be listed separately (see example on Slide # 12)

### HCD-MH 441FORM FOR REPORTING SPCM, FBH, MUMH UNITS ONLY

REFER TO 25 CCR SECTION 4880(f)

- Completely fill out Section 1 as indicated on form.
- Enter QAA ID# here
- Mfg's ID # here
- Obtain ID # from HCD only.
- Complete Section 2 as indicated. Show only inspection dates, no. of units inspected, etc., only on units designated for CA sale, rent, lease, NOT units that may have been inspected for other States and do not bear HCD insignia.
- Assess Mfg's QC Program, if there are problems needing attention by HCD in this section or attach separate form.
- Enter any systems tests witnessed on CA units only



# HCD-MH 441FORM PAGE 2 - FOR REPORTING SPCM, FBH, MUMH UNITS REFER TO 25 CCR SECTION 4880(f)

MANUFACTI	JRER			MFG	ID NO		REPORTING MONT	H/YEAR
Make and Model (Exactly as on App. For Plan Approved)	Complete Unit Serial Number	Plan Approval No. or "Visual" (100% Insp.) 1	Unit Type 2	HCD Insignia Number(s)	Date of Mfg.	Prod. Loc. At Inspection	Name & Address of Purchaser	Destination (Include Complete Address)
Model	Serial						<b>\</b>	
name	no.	<b>†</b>				<b>†</b>		/
here							Enter both	the
							purchaser	s and final
				MORE			site name,	address
If Mfg is no	ot on a Q	C Progra	m,	1871			location fo	r Dept. on-si
and is obta							monitoring	
insp. of ea	ch unit, w	rite 1009	<del>/</del> 0					
here				Enter	loca	ion (w	all, floor, roc	f,
				yard,	statio	n etc)	the unit wa	S
				inspe	cted	at the t	acility	
I CERTIFY UNDER PE	NALTY OF PERJURY	THAT THE INFORM	MANONGON	TAINED N	HIS REPOR	ANE THIS	ONDINEDAN ANY AND A	LL ATTACHMENTS
TO THIS REPORT IS	TRUE AND CORREC						e here	DATE:

### HCD-MH 441FORM SPECIAL INSTRUCTIONS FOR REPORTING FBH UNITS ON A 441 FORM

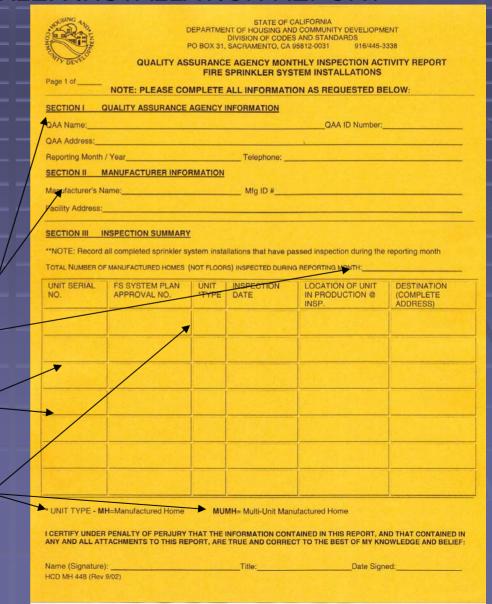
MANUFAC	TURER S1	am Dunk	ineering .	MFG	. ID NO	65	REPORTING MO,	Page 2 of /YEAR June 97
Make and Model (Exactly as on App. For Plan Approved)	Complete Unit Serial Number	Plan Approval No. or "Visual" (100% Insp.) 1	Unit Type 2	HCD Insignia Number(s)	Date of Mfg.	Prod. Loc. At Inspection	Name & Address of Purchaser	Destination (Include Complete Address)
	985A	ENF 48	BS	A015298	6/20	Walls	Waldo Homes 169 Main Street Windsor, CA 92217	
FBH building sy _(Orange insignimust have serial and be listed or form seperately	a) I # this	ENF 101	вс	D 555555 thru D 556600	June		Patio Builders 8989 Main Street Garden, CA 92218	
	FBH building (	components (Re						
	serial numbers produced for t destination m	produced, and o s, so a range of he same purcha ay be shown ins number individu	insignia ser, same tead of list					
	each illsigilld	Turriber murvidu	any.					× *
TO THIS HELONT IS	NALTY OF PERJURY TRUE AND CORRECT	THAT THE INFORM	IATION CONT	AINED IN TH	IIS REPORT	AND THAT C	ONTAINED IN ANY AND AL	L ATTACHMENTS
Joe Agency,	P.E. (SIGNATURE)	JOE A	GENCY	TITL	E:Mar	nager		DATE: 6/30/97

<sup>1.</sup> As permitted by CCR, Title 25, Ch. 3, Section 4878(d), "Visual" applies only to Recreational Vehicles and Special Purpose Commercial Coaches.

<sup>2.</sup> Unit Type: M = Multi-Unit Manufactured Housing, TT = Travel or Tent Trailer, MH = Motor Home, TC = Truck Camper or Camper, PT = Park Trailer, SPCC = Special Purpose Commercial Coach, BC = FBH Building Component, BS = FBH Building System

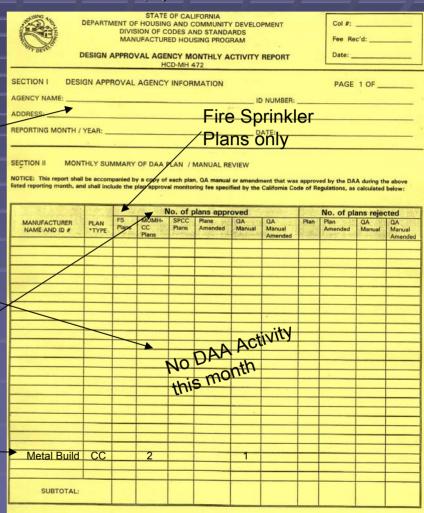
### HCD MH 448 FORM QAA MONTHLY FIRE SPRINKLER INSTALLATION REPORT

- This form is for HCD-QAAs which have a (HUD) manufactured home client manufacturer installing fire sprinkler systems in MH units for sale in CA.
- The QAA must have a Fire Sprinkler contract on file with this manufacturer.
- This form records QAA inspections of all fire sprinkler systems within the reporting month.
- Sections I and II are completed as noted, similar to other HCD forms.
- Section III, note total # of homes inspected during reporting month.
- Section II, list all other information as noted on form
- NOTE: This form is also used for Multi-Unit Manufactured Home construction that contains firesprinkler system installation. Use the abbreviations to designate the difference on the form.



# HCD-MH 472 FORM DESIGN APPROVAL AGENCY MONTHLY REPORTING REFER TO 25 CCR SECTION 4880(a)

- This form describes all DAA activities performed for your HCD clients currently under contract for DAA services
- Complete Section 1 in its entirety each month, regardless of activity or lack of activity of your clients
- If none of your DAA clients have submitted plans, manuals for approval or amendment, write "No DAA Activity this month" across Section II
- If any plans, manuals were approved during the reporting month, list them separately in the corresponding columns below this header
- Example:



9/29/2003

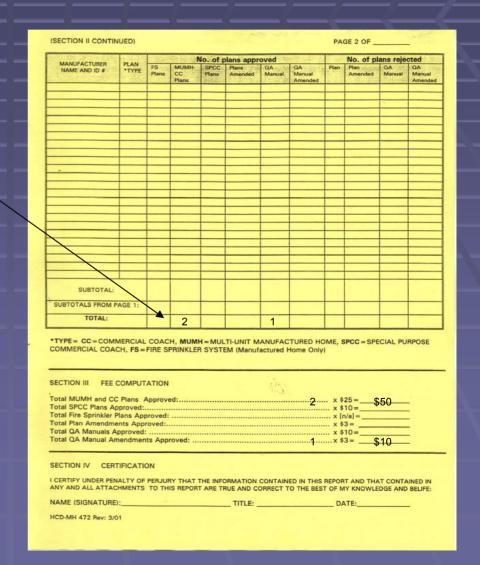
\*TYPE= CC=COMMERCIAL COACH, MUMH=MULTI-UNIT MANUFACTURED HOME, SPCC=SPECIAL PURPOSE COMMERCIAL COACH, FS= FIRE SPRINKLER SYSTEM (Manufactured Home Only)

HCD-MH 472 Rev: 3/01



# HCD-MH 472 FORM -pg 2 DESIGN APPROVAL AGENCY MONTHLY REPORTING REFER TO 25 CCR SECTION 4880(a)

- This side is a continuation of the front of the 472 form, allowing a continuous list of client mfgs reporting DAA activity in the reporting period.
- •Shown here is an example of a report of 2 commercial modular plans & 1 QC manual approved by the DAA
- •QAAs are to send a check for the total monitoring fees to the MH Program Administrative Office, PO Box 31, Sacramento, CA 95812-0031. Attach the check to the 472 form
- •QAAs are to make a *copy* of the 472 form & attach it to the stamped plans or QC manual copies, amended plans, etc., & forward to the HCD Northern Area Office, PO Box 1407, Sacramento CA 95812 for plan monitoring.



### HCD-MH 440 Form Request for Insignia

- This form is used to order a supply of insignia from HCD.
- •QAA fills out Section 1, sign, attach calculated fees and mail to HCD MH Program Office, PO Box 31, Sacramento CA 95812-0031
- •MH Program staff fills out Section 2, mails to QAA. If QAA has special mailing request, overnight, etc, provide account #, mailer and instructions to Program staff.
- •QAA insignia administrator checks insignia shipment for error, damage, completes Section 3, signs and returns to HCD.

### NOUSING 1/10

#### STATE OF CALIFORNIA

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS P.O. Box 31, Sacramento, CA 95812-0031 (916) 445-3338

#### REQUEST FOR INSIGNIA BY QUALITY ASSURANCE AGENCY

Col. No	
Fee Rec'd	
Date	

DEPARTMENT USE ONLY

SECTION 1 - REQUEST FO	HCD INSIGNIA
QUALITY ASSURANCE AGENCY	AME AND ID NO:
APDRESS:	TELEPHONE:
INSIGNIA TYPE REQUESTED:	Commercial Modular (CM)  Commercial Modular (CM)  Multi-Unit Manufacture Convernight, Account Special Purpose Commercial Modular (SPCM)  Multi-Unit Manufacture Convernight, Account Special Purpose Commercial Modular (SPCM)  FBH Building Component Label (red)  Please mail  Please mail  Please Modular (SPCM)  Representation Gretchen!  FBH Building Component Label (red)  Please Modular (SPCM)  (Total Fees Submitted)
FBH Dwelling Unit Label (orang	Multi-Unit Manufacture Some (MUMH)  Please mail  Please mail  Repulsted:  8 48.00 ea. = \$  8 5965 A93,  8 48.00 ea. = \$  9 85 Cents ea. = \$  (Total Fees Submitted)  9 862.00 ea. = \$  (Total Fees Submitted)
NO. OF INSIGNIA REQUESTED:	Please attention
No. of MUMH, CM or SPCM insigni	Replaced 5965 69 @ \$48.00 ea. = \$ <b>\$4,800</b> (Total Fees Submitted)
No. of FBH Building Component Lat	Requested: @ .85 Cents ea. = \$ (Total Fees Submitted)
INSIGNIA ADMINISTRATOR:	retchen Johnson DATE: 12-23-02
	(e.uuf)
SECTION 2 - INSIGNIA SHIP	MENT
TYPE SHIPPED:	☐ Commercial Modular (CM) ☐ Special Purpose Commercial Modular (SPCM)
FBH Dwelling Unit Label (orang	b)
QUANTITY SHIPPED:	INSIGNIA NO.: THROUGH & INCLUDING NO.:
ISSUED BY:	DATE:
SECTION 3 - INSIGNIA REC	EIVING REPORT
•	
DATE RECEIVED:	QUANTITY RECEIVED:
INSIGNIA NO.:	THROUGH AND INCLUDING NO.:
I have carefully inspected this shipm	nt of HCD Insignia and certify that all insignia received are in satisfactory condition and are correct as indicated in Seci
except as follows:	(ENTER ANY INSIGNIA NUMBER(S) AFFECTED)
Missing:	Damaged:
Duplicate:	Misprint:
Other:	
Insignia ide	tified as Damaged, Misprint, Duplicate, and/or Other must be returned to HCD with this form.
INSIGNIA ADMINISTRATOR:	DATE:
	(Sign) (Print)
HCD-MH 440 (Rev. 11/02)	

### THIRD-PARTY AGENCY/MANUFACTURER CONTRACT See 25CCR, Section 4874

- All QAAs, DAAs must execute written contracts with clients that they will provide HCD services for.
- QAA/DAAs shall send a copy of the contract to HCD within 10 days of execution OR within 10 days of termination of QAA/DAA services with a manufacturer.
- The contracts are the key document that notifies the MH Program staff that a relationship has been either established or discontinued between two parties.
- Contracts MUST BE KEPT CURRENT in order for the monthly report data to be accepted into the HCD database. Insignia/inspection data entered into the HCD database searches for a relationship between the manufacturer & third party agency.
- If HCD is not notified of a new contract OR a contract termination, the database will prompt the MH Program staff that there is no contract between the QAA/DAA and the manufacturer for that time period.

### THIRD-PARTY AGENCY/MANUFACTURER CONTRACT

See 25CCR, Section 4874

- Copies of contracts shall be forwarded to HCD within 10 days of signing contract agreement for QAA/DAA services, or for the termination of those services.
- Use this form as a cover letter to your contract copy that is submitted to HCD
- This form contains important information that HCD staff enters into the database, and must be accurate.
- Remember to also notify us within 10 days of any contract terminations!
- Contact HCD to obtain blank copies of this form, or develop your own.

#### NOTICE OF THIRD-PARTY CONTRACT

Pursuant to Title 25, CCR §4874 third-party entities and manufacturers shall execute written contracts describing all services to be rendered by the third-party. A copy of each contract, or contract cancellation shall be transmitted to the department within 10 days of the effective date of the contract or contract termination.

Please attach this completed form along with your standard contract submittal, or use this notice as a contract termination notice to HCD.

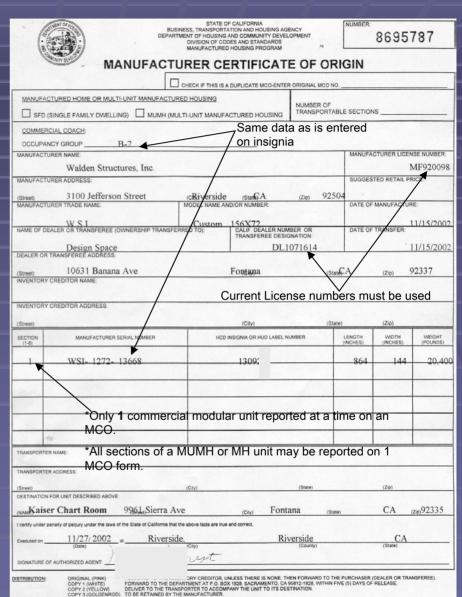
1. THIRD- PARTY AGENCY NAME

REVISED: AUGUST '0

2. THIRD-PARTY AGENCY ID NUM	MBER
3. MANUFACTURER'S LEGAL NA	ME
4. MANUFACTURER'S BUSINESS	NAME (if different from above)
<b>#</b>	
5. MANUFACTURES PHYSICAL A	DDRESS:
6. THE MANUFACTURER INTEND Commercial Coach	S TO PRODUCE THE FOLLOWING UNIT TYPES:
Special Purpose Com	imercial Coach
Multi-Unit Manufactur	
Manufactured Homes Factory-Built Housing	- Fire Sprinkler System installation
7. THE THIRD-PARTY AGENCY W	ILL PROVIDE THE FOLLOWING SERVICES:
QAA	DAA
8. EFFECTIVE DATE OF THIS CON	ITRACT IS:
9. EFFECTIVE DATE QAA OR DAA	A SERVICES WERE TERMINATED:
10. REASON FOR CONTRACT TE	RMINATION:
PRINT NAME OF THIRD-PARTY RI	EPRESENTATIVE:
SIGNATURE	DATE

### MANUFACTURER CERTIFICATE OF ORIGIN (MCO) HCD 483.0 FORM

- NOTE: The MCO document information is presented for your information only and is not part of the QAA/DAA monthly report submitted to HCD.
- The MCO document is a form required to be completed by HCD MANUFACTURERS, DEALERS only.
- MCOs are meant to be the "Birth-Certificate" for MH, CM structures, recording the mfg, dealer names, addresses & license numbers, lender's name, insignia number & other details of each unit.
- HCD-Licensed manufacturers are required to complete this form, for all (HUD)
   Manufactured Homes, (HCD) Multi-Unit Manufactured Homes, and Commercial Modular units. MCOs are submitted to HCD upon release of the units from the factory.
- MCOs are <u>NOT</u> to be used for SPCM or FBH units.
- Each MCO document, like the HCD insignia, are a controlled and numbered item individually assigned to each licensed manufacturer & dealer.



### Commercial Modular Insignia

Design Load information-Required all units

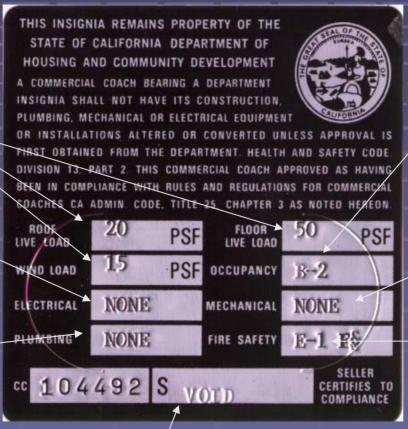
Electrical Panel Rating (In amperes) If installed

Type of plumbing fixture, if installed.

T= toilet, L= lavatory,

S= sink,

B= bathtub or shower



Serial no., required info., filled-in by 3<sup>rd</sup>-party agency or mfg.

Occupancy group/type from '91 UBC- required info.

Mechanical equipment, If installed: AC= air conditioning

H= heating equipment

Fire Safety:
E= # of exit doors on unit
FS= interior flame spread
rating

FE= fire extinguishing equip FD=fire detector devices installed on this unit